U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //0.57	2. Fiscal Year Covered From
71 00 7	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Elaine Reine	Name BLET
	Labor Organization File Number 000-101
P.O. Box, Bldg , Room No., if any	P.O. Box, Building and Room Number, if any
Street 13,70 Ontanio Street	Street 1370 Union Street
city Clevelano	City C/Evelows
State 0 IF ZIP Code + 4 44/13-17-91	State 0/1 ZIP Code + 4 4/4/13-1781
5. Position in labor organization. Dinection of Comp	pliance

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and adcress of Employer (including tra-	de name, if any)	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg. Room No., if any		
		7.b. Amount.
Street		
City		
State	IP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury an	id other applicable pr	enalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying docum		
undersigned's knowledge and belief, true, correct, and complete. (See the section on pe	analties in the instruc	tions)
Signed Ly. Claime Keese On	8/10/05	(216) 241-2630 x 243
	Date	Telephone Number

Name of Person Filing M. Elgine Reese	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a Labor Organization	
Trade Name, if any:	a. Labor Organization  b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	с. шіроусі	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea ing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).  Name Bill Mose leg	Disnier ST Class	
Trade Name, if any: Junes and bianger		
,		
P.O. Box, Bldg., Room No., if any 2/00 Colony S. Ste 1500 Street 121 Perchance State 1 NE		
Succe 10 1 16 ch the 2710et 1/10		

City

State

Allanta

13.b. Is the Business an Employer

?

or Consultant

14.b. Amount of payment.

+25

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, cr r indirectly to, or otherwise
Name and acdress of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O Box, Bldg , Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg. Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest he'd or income received.
State ZIP Code + 4	
	12.b, Amount.
C. Received from any employer (other than an employer covered u	
or from any labor relations consultant to an employer any payment of mo	14.a. Nature of payment.

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Dinner - St Class
Name Gene Napien	WINNER - OI Class
Trade Name, if any: Hubbell, Peak, C'Keel, Napies	
P.O. Box, Bldg. Room No., if any $Suite 350$	
Street 30 West Perishing Road	
City Kansus City, M	
State MO ZIP Code + 4 6 4/08 _ 2463	2/10/04
13.b. is the Bus ness an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing Dn Elgine Reese	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg. Room No., if any	b. Trust c. Employer
Street	с. Епірюўег
City	
State ZIP Code + 4	
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	· ·
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	ST Cless where
Name Tous Cusavelli	

of from any label relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name   \[ \int_{OSI} Cusave     \]	14.a. Nature of payment.  ST C/c3s 22 Jane 2
Trade Name, if any: Kujawski & Nawak, C.C.	
P.O. Box, Bldg., Room No., if any	
Street 133, Park Plaza Dine	
City C'Fallon	
State 72 ZIP Code + 4 6 2669 - 1769	3/15/04
13.b. Is the Bus:ness an Employer or Consultant ?	14.b. Amount of payment.